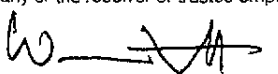
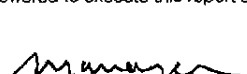
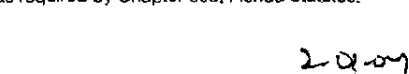


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004915 1. Entity Name FREISTAT & LIEBMAN, CERTIFIED PUBLIC ACCOUNTANTS, L.L.C.					
Principal Place of Business 16211 NE 18 AVENUE NORTH MIAMI BEACH FL 33162			Mailing Address 16211 NE 18 AVENUE NORTH MIAMI BEACH FL 33162		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0942480 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent KLEIN, THEODORE J ESQ 88 NE 168 STREET NORTH MIAMI BEACH FL 33162				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FREISTAT, WARREN CPA 16211 NE 18 AVENUE NORTH MIAMI BEACH FL 33162	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000051349 02/16/04-80048-012 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIEBMAN, MARK A CPA 16211 NE 18 AVENUE NORTH MIAMI BEACH FL 33162	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:   					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 2-2-04 Daytime Phone #					